

To be completed if a Will was not made

To be completed by Witness (Those listed here may act as a witness: Priest, Doctor, University Graduate, Parliament Member, Bank Manager, Public Officer grade not less than a Principal or a Police Officer grade not less than an Inspector)

I, the undersigned _____ hereby declare that:

I have known (deceased beneficiary) _____ who passed away on __/__/____,

and his/her family for the past _____ year/s. The decedent's heir/s is/are the following:

Table with 3 columns: Name and Surname of Heirs, Identity Card Number, Signature. It contains 12 empty rows for recording heirs.

Identity Card Number of Witness: * _____

Name: * _____

Surname: * _____

Profession: * _____

Signature: * _____

Medical Council Number (if applicable): _____

Rubber Stamp:

Date: * _____

Empty rectangular box for the Rubber Stamp.